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# NOTICE OF ALLOWANCE AND FEE(S) DUE

64768

7590

05/15/2008

MARSHALL, GERSTEIN & BORUN, LLP (MARVELL) 233 SOUTH WACKER DRIVE 6300 SEARS TOWER CHICAGO, IL 60606-6357

| EXAMINER          |              |  |  |  |
|-------------------|--------------|--|--|--|
| CORRIELUS, JEAN B |              |  |  |  |
| ART UNIT          | PAPER NUMBER |  |  |  |
| 2611              |              |  |  |  |

DATE MAILED: 05/15/2008

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/697,853      | 10/30/2003  | Daniel Yellin        | MP1483              | 9760             |

TITLE OF INVENTION: UNIFIED MMSE EQUALIZATION AND MULTI-USER DETECTION APPROACH FOR USE IN A CDMA SYSTEM

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1440        | \$0                 | \$1440               | \$1440           | 08/15/2008 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

### Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

| opropriate. All further c                                                                                       | orrespondence including below or directed oth                                                                                        | g the Patent, advance or                                                                                 | rders and notification                                                                           | of m                                               | aintenance fees w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ill be 1                               | mailed to the current                                                                                 | nould be completed where<br>correspondence address as<br>rate "FEE ADDRESS" for                                                     |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| CURRENT CORRESPONDE                                                                                             |                                                                                                                                      | ock 1 for any change of address)                                                                         |                                                                                                  | Note<br>Fee(s<br>paper<br>have                     | : A certificate of 1<br>s) Transmittal. This<br>rs. Each additional<br>its own certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | mailing<br>s certif<br>paper<br>of mai | can only be used for<br>icate cannot be used for<br>such as an assignment<br>ling or transmission.    | r domestic mailings of the<br>or any other accompanying<br>nt or formal drawing, must                                               |
| MARSHALL, O<br>233 SOUTH WA<br>6300 SEARS TO                                                                    | CKER DRIVE<br>WER                                                                                                                    | <sup>/2008</sup><br>DRUN, LLP (MAF                                                                       | RVELL)                                                                                           |                                                    | Cert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ificate                                | of Mailing or Transı                                                                                  |                                                                                                                                     |
| CHICAGO, IL 60                                                                                                  | 0606-6357                                                                                                                            |                                                                                                          |                                                                                                  |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                       | (Depositor's name)                                                                                                                  |
|                                                                                                                 |                                                                                                                                      |                                                                                                          |                                                                                                  |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                       | (Signature)                                                                                                                         |
|                                                                                                                 |                                                                                                                                      |                                                                                                          |                                                                                                  |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                       | (Date)                                                                                                                              |
| APPLICATION NO.                                                                                                 | FILING DATE                                                                                                                          |                                                                                                          | FIRST NAMED INVEN                                                                                | ITOR                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ATTO:                                  | RNEY DOCKET NO.                                                                                       | CONFIRMATION NO.                                                                                                                    |
| 10/697,853                                                                                                      | 10/30/2003                                                                                                                           |                                                                                                          | Daniel Yellin                                                                                    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | MP1483                                                                                                | 9760                                                                                                                                |
|                                                                                                                 |                                                                                                                                      | JALIZATION AND MUI                                                                                       |                                                                                                  |                                                    | APPROACH FOR TO SERVICE APPROACH FOR THE SERVI |                                        | N A CDMA SYSTEM  TOTAL FEE(S) DUE                                                                     | DATE DUE                                                                                                                            |
| APPLN. TYPE                                                                                                     | SMALL ENTITY                                                                                                                         | ISSUE FEE DUE                                                                                            | PUBLICATION FEE I                                                                                | JUE                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FEE                                    |                                                                                                       | DATE DUE                                                                                                                            |
| nonprovisional                                                                                                  | NO                                                                                                                                   | \$1440                                                                                                   | \$0                                                                                              |                                                    | \$1440                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        | \$1440                                                                                                | 08/15/2008                                                                                                                          |
| EXAMII                                                                                                          | NER                                                                                                                                  | ART UNIT                                                                                                 | CLASS-SUBCLASS                                                                                   | S                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                       |                                                                                                                                     |
| CORRIELUS<br>Change of corresponder                                                                             | <u> </u>                                                                                                                             | 2611                                                                                                     | 375-147000<br>2. For printing on                                                                 |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                       |                                                                                                                                     |
| PTO/SB/47; Rev 03-02<br>Number is required.                                                                     | cation (or "Fee Address'<br>or more recent) attach                                                                                   | ' Indication form<br>ed. Us <b>e of a Customer</b>                                                       | registered attorney<br>2 registered patent<br>listed, no name wi                                 | rnativ<br>single<br>y or ag<br>t attor<br>Ill be p | ely,<br>firm (having as a<br>gent) and the name<br>neys or agents. If r<br>orinted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | membes of up                           | er a 2                                                                                                |                                                                                                                                     |
| PLEASE NOTE: Unle<br>recordation as set forth<br>(A) NAME OF ASSIG                                              | ess an assignee is identi<br>in 37 CFR 3.11. Comp<br>NEE                                                                             |                                                                                                          | data will appear on t<br>T a substitute for filin<br>(B) RESIDENCE: (6                           | he pa<br>g an a<br>CITY                            | tent. If an assigne<br>ssignment.<br>and STATE OR C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OUNT                                   | RY)                                                                                                   | ocument has been filed for up entity                                                                                                |
| a. The following fee(s) an  Issue Fee  Publication Fee (No                                                      |                                                                                                                                      | 4t permitted)                                                                                            | b. Payment of Fee(s):  A check is enclosed: Payment by cred The Director is here.                | (Pleassed. it cardereby                            | se first reapply an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | y prev  is atta                        | iously paid issue fee s<br>ched.<br>required fee(s), any del                                          | shown above)                                                                                                                        |
| Change in Entity State  a. Applicant claims                                                                     | `                                                                                                                                    |                                                                                                          | h Applicant is no                                                                                | o long                                             | or claiming SMAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I ENT                                  | FITY status. See 37 CF                                                                                | ZP 1 27(a)(2)                                                                                                                       |
| OTE: The Issue Fee and                                                                                          | Publication Fee (if requ                                                                                                             |                                                                                                          | d from anyone other t                                                                            |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                       | e assignee or other party in                                                                                                        |
| ·                                                                                                               |                                                                                                                                      |                                                                                                          |                                                                                                  |                                                    | Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                                                                                                       | _                                                                                                                                   |
|                                                                                                                 |                                                                                                                                      |                                                                                                          |                                                                                                  |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                       |                                                                                                                                     |
| his collection of informan<br>n application. Confidenti-<br>ibmitting the completed<br>is form and/or suggestio | tion is required by 37 C<br>ality is governed by 35<br>application form to the<br>ons for reducing this bur<br>reinia 22313-1450. DO | FR 1.311. The informatic<br>U.S.C. 122 and 37 CFR<br>USPTO. Time will vary<br>rden, should be sent to th | on is required to obtain<br>1.14. This collection<br>depending upon the<br>e Chief Information C | n or re<br>is esti<br>indivi<br>Office<br>IS TO    | tain a benefit by the<br>mated to take 12 n<br>dual case. Any con<br>ty U.S. Patent and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ne publ<br>ninutes<br>mment<br>Fradem  | ic which is to file (and<br>to complete, includin<br>s on the amount of tin<br>nark Office, U.S. Depa | by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450, |

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| APPLICATION NO.                            | FILING DATE              | FILING DATE FIRST NAMED INVENTOR |          | CONFIRMATION NO. |
|--------------------------------------------|--------------------------|----------------------------------|----------|------------------|
| 10/697,853                                 | 10/30/2003 Daniel Yellin |                                  | MP1483   | 9760             |
| 64768 7590                                 | 05/15/2008               |                                  | EXAM     | INER             |
| MARSHALL, GERS                             | TEIN & BORUN             | CORRIELUS, JEAN B                |          |                  |
| 233 SOUTH WACKER                           | R DRIVE                  |                                  | ART UNIT | PAPER NUMBER     |
| 6300 SEARS TOWER<br>CHICAGO, IL 60606-6357 |                          | 2611<br>DATE MAILED: 05/15/200   |          |                  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 727 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 727 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Application No.                                                                                                             | Applicant(s)                                                                                                              |                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10/697,853                                                                                                                  | YELLIN, DANIEL                                                                                                            |                   |  |
| Notice of Allowability                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Examiner                                                                                                                    | Art Unit                                                                                                                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Jean B. Corrielus                                                                                                           | 2611                                                                                                                      |                   |  |
| The MAILING DATE of this communication app<br>All claims being allowable, PROSECUTION ON THE MERITS IS<br>herewith (or previously mailed), a Notice of Allowance (PTOL-85<br>NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT I<br>of the Office or upon petition by the applicant. See 37 CFR 1.31                                                                                                                                                                                             | pears on the cover sheet wite<br>S (OR REMAINS) CLOSED in<br>5) or other appropriate commu<br>RIGHTS. This application is s | th the correspondence address<br>this application. If not included<br>inication will be mailed in due cou                 | ırse. <b>THIS</b> |  |
| 1. $\boxtimes$ This communication is responsive to $4/3/08$ .                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                                                                                           |                   |  |
| 2. 🔀 The allowed claim(s) is/are <u>2-6, 8-22, 24-25, 30-33, 35-40</u>                                                                                                                                                                                                                                                                                                                                                                                                                         | 0, renumbered as 1-23, 25, 2                                                                                                | 6, 24, 27-32, respectively.                                                                                               |                   |  |
| 3. Acknowledgment is made of a claim for foreign priority of a) All b) Some* c) None of the:  1. Certified copies of the priority documents have 2. Certified copies of the priority documents have 3. Copies of the certified copies of the priority of International Bureau (PCT Rule 17.2(a)).  * Certified copies not received:  Applicant has THREE MONTHS FROM THE "MAILING DATE noted below. Failure to timely comply will result in ABANDON THIS THREE-MONTH PERIOD IS NOT EXTENDABLE. | ve been received. ve been received in Applicatio ocuments have been received " of this communication to file                | n No<br>I in this national stage application                                                                              |                   |  |
| 4. A SUBSTITUTE OATH OR DECLARATION must be sub-<br>INFORMAL PATENT APPLICATION (PTO-152) which gives                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |                                                                                                                           | ICE OF            |  |
| 5. CORRECTED DRAWINGS ( as "replacement sheets") mu                                                                                                                                                                                                                                                                                                                                                                                                                                            | ust be submitted.                                                                                                           |                                                                                                                           |                   |  |
| (a) 🔲 including changes required by the Notice of Draftspe                                                                                                                                                                                                                                                                                                                                                                                                                                     | rson's Patent Drawing Review                                                                                                | v ( PTO-948) attached                                                                                                     |                   |  |
| 1) 🗌 hereto or 2) 🔲 to Paper No./Mail Date                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                             |                                                                                                                           |                   |  |
| (b) ☐ including changes required by the attached Examine Paper No./Mail Date                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                                           |                   |  |
| Identifying indicia such as the application number (see 37 CFR each sheet. Replacement sheet(s) should be labeled as such in                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                                           | ck) of            |  |
| <ol> <li>DEPOSIT OF and/or INFORMATION about the dep<br/>attached Examiner's comment regarding REQUIREMENT</li> </ol>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |                                                                                                                           | e the             |  |
| <ul> <li>Attachment(s)</li> <li>1. ☐ Notice of References Cited (PTO-892)</li> <li>2. ☐ Notice of Draftperson's Patent Drawing Review (PTO-948)</li> <li>3. ☑ Information Disclosure Statements (PTO/SB/08),</li></ul>                                                                                                                                                                                                                                                                         | 6. ☐ Interview Su<br>Paper No./<br>7. ☐ Examiner's<br>8. ☐ Examiner's<br>9. ☐ Other                                         | formal Patent Application<br>ummary (PTO-413),<br>Mail Date<br>Amendment/Comment<br>Statement of Reasons for Allowa<br>-· | nce               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /Jean B Corrielus/<br>Primary Examiner<br>Art Unit: 2611                                                                    |                                                                                                                           |                   |  |